

DEPARTMENT OF TRANSPORTATION CUMULATIVE CLAIM AND RECONCILIATION STATEMENT	
1. Name of Contractor : _____ 2. Address of Contractor: _____ _____ _____ 3. Contract No. _____ 4. Delivery/Task Order No. _____	
5. The total amount claimed under the above numbered contract, delivery order, or task order number is as follows:	
a. Direct Labor.....	\$ _____
b. Direct Material.....	\$ _____
c. Other Direct Costs.....	\$ _____
d. Overhead.....	\$ _____
e. G&A.....	\$ _____
f. Subcontract Cost.....	\$ _____
g. Total Costs (5a through 5f).....	\$ _____
h. Fixed Fee.....	\$ _____
i. Total Amount Claimed.....	\$ _____
6. Total amount due under the above numbered contract, delivery order, task order is as follows:	
a. Total Amount Claimed.....	\$ _____
b. Total Amount Paid by the Government under Voucher Nos. _____ thru _____	\$ _____
c. Total Amount (if any) Withheld, Disallowed, etc. (as explained on the attached sheet).....	\$ _____
d. Total Amount Due.....	\$ _____
I, _____, as the _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Full Name) (Title) </div> <p>to the best of my knowledge and belief, the above statements are correct in accordance with the records of the contractor.</p> <div style="text-align: center; margin-top: 20px;"> _____ (Signature) </div>	

PARTS 1254–1299 [RESERVED]